, U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:



	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Michael J Crouse	Name International Association of Fire Fighters		
	Labor Organization File Number 000-317		
P.O. Box, Bldg., Room No., if any Suite 200	P.O. Box, Building and Room Number, if any Suite 200		
Street 1750 New York Avenue NW	Street 1750 New York Avenue NW		
City Washington	City Washington		
State District of Columbia ZIP Code + 4 20006-5395	State District of Columbia ZIP Code + 4 20006-5395		
5. Position in labor organization. Chief of Staff			
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	r.a. Nature of interest, fransaction, of income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City I			
State ZIP Code + 4			
Signature			

7/13/2005

Date

202 824-1504

Telephone Number

On

Signed

Name of Person Filing Michael Crouse		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Woodley & McGillivary Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 400 Street 1125 Fifteenth Street NW City Washington State District of Columbia ZIP Code + 4 20005	9. Business deals with: A. Labor Organiza b. Trust c. Employer	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such deals Legal Services 11.b. Approximate dollar value 12.a. Nature of interest held Dinner on 8/5; 10/ Holiday season gif	ne of such dealing. d or income received. 6 and 12/18	\$1,073,225	
	12.b, Amount.		\$450	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			•	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		The state of the s	

Name of Person Filing Michael Crouse	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name SF&C Insurance Associates	a. Labor Organization	
Trade Name, if any:	a. Edboi Oiganization	
P.O. Box, Bldg., Room No., if any Suite 101	x b. Trust	
Street 7400 York Road	c. Employer	
City Towson		
State Maryland ZIP Code + 4 21204		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name IAFF Financial Corporation	Insurance Broker	Т
Trade Name, if any:		одологияния делегования в придага в предоставления в пред
P.O. Box, Bldg., Room No., if any		ментиничен
Street 1750 New York Avenue, NW		signa, que atrabajo mojo
1750 New TOTK AVENUE, NW		dervermonomi
City Washington		
State District of Columbia ZIP Code + 4 20006	11.b. Approximate dollar value of such dealing.	Account of the control of the contro
	12.a. Nature of interest held or income received.	
	Dinner on 2/9	***************************************
		and the state of t

		and the committee of th
	The second secon	•
		The state of the s
		asomorphova-hape
	12.b. Amount.	\$100
		, +

Name of Person Filing Michael	Crouse	File Number U-

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name The Kelly Companies	a. Labor Organization	
Trade Name, if any:		
**************************************	b. Trust	
P.O. Box, Bldg., Room No., if any	foresteened and the second sec	
Street 1701 Cabin Branch Road	c. Employer	
City Cheverly		
State Maryland ZIP Code + 4 20785		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Printing and Convention Services	
		NAME OF THE PARTY
Trade Name, if any:		TX:min/A/Minimo
P.O. Box, Bldg., Room No., if any		9
Street		na ya maran na maran
		овести
City	and the second	THE PROPERTY OF THE PROPERTY O
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,441,807
	12.a. Nature of interest held or income received.	
	Dinner on 4/21	Western Agents
	Quantitative of the state of th	Congression
		k-k-portani-franciska departa
	To the second se	neroxidaserre
	semantonario	. A second secon
	Ten Charles	rei reizone
	vanimination	женоришин
	12.b. Amount.	\$100
		7-50

Name of Person Filing Michael Crouse	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Financial Innovations, Inc.	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Supposed the State of the Contract of the Cont	c. Employer	
Street One Weingeroff Blvd.	l	
City Cranston		
State Rhode Island ZIP Code + 4 02910		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Advertising/Promotional Products	V.
Trade Name, if any:		PO VIEW WORLD AND A STATE OF THE STATE OF TH
ridge Raine, II ary.		* Water Control of the Control of th
P.O. Box, Bldg., Room No., if any	anning the state of the state o	al excellent and the second and the
Street		THE PROPERTY OF THE PROPERTY O
City		PROTTYPYVILIBRIHANA
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$1,013,095
	12.a. Nature of interest held or income received.	
	Dinner on 7/24 Concert tickets (2)	Propriestory of
	Holiday Gift	**************************************
		ANNALOPACIONE
		ANDALOMINISTA
		INDEXESTING OF THE PROPERTY OF
		THE COLUMN TO TH
		Antonio
	40 h Amount	4.5.0
	12.b. Amount.	\$650

	 	· · · · · · · · · · · · · · · · · · ·	
Name of Person Filing Michael Crouse		File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Calvert Woodley	2 Labor Organization	
Trade Name, if any:	a. Labor Organization	
DO Pour Pide Down No. if on	b. Trust	
P.O. Box, Bldg., Room No., if any	,	
Street 4339 Connecticut Avenue NW	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20008		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Purchase of holiday gifts for staf	f and business
Trade Name, if any:		there were the second of the s
		à-di-rener en re
P.O. Box, Bidg., Room No., if any		
Street		THE PARTY OF THE P
City		unness augmenten er eine er ei
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$15,500
	12.a. Nature of interest held or income received.	***************************************
	Holiday gift	
		жене ден и по
		en e
		THE PARTY NAMED AND ADDRESS OF
	of the control of the	. NAMES OF THE PROPERTY OF THE
		According Management
	12.b. Amount.	\$75